

Application Data Sheet

**Application Information**

Application Type::	National Stage
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	SUBSTITUTED BENZYLAMINOALKYLENE HETEROCYCLES
Attorney Docket Number::	2503-1208
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: ITALY  
Status:: Full Capacity  
Given Name:: PATRICIA  
Middle Name::  
Family Name:: SALVATI  
Name Suffix::  
City of Residence:: BRESSO  
State or Province of  
Residence::  
Country of Residence:: ITALY  
Street of Mailing Address:: VIA L. ARIOSTO, 21  
City of Mailing Address:: BRESSO  
State or Province of Mailing Address::  
Country of Mailing Address:: ITALY  
Postal or Zip Code of Mailing Address:: I-20091

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: ITALY  
Status:: Full Capacity  
Given Name:: CARLA  
Middle Name::  
Family Name:: CACCIA

Name Suffix::  
City of Residence:: BRESSO  
State or Province of  
Residence::  
Country of Residence:: ITALY  
Street of Mailing Address:: VIA L. ARIOSTO, 21  
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Postal or Zip Code of Mailing Address:: I-20091

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: ITALY  
Status:: Full Capacity  
Given Name:: PIERO  
Middle Name:: MELLONI  
Family Name::  
Name Suffix::  
City of Residence:: BRESSO  
State or Province of  
Residence::  
Country of Residence:: ITALY  
Street of Mailing Address:: VIA L. ARIOSTO, 21  
City of Mailing Address:: BRESSO  
State or Province of Mailing Address::  
Country of Mailing Address:: ITALY  
Postal or Zip Code of Mailing Address:: I-20091

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: ITALY  
Status:: Full Capacity  
Given Name:: ALESSANDRA  
Middle Name::  
Family Name:: RESTIVO  
Name Suffix::  
City of Residence:: BRESSO  
State or Province of  
Residence::  
Country of Residence:: ITALY

Street of Mailing                    VIA L. ARIOSTO, 21  
Address::  
City of Mailing Address::            BRESSO  
State or Province of Mailing Address::  
Country of Mailing Address::        ITALY  
Postal or Zip Code of Mailing Address:: I-20091

Applicant Authority Type::            Inventor  
Primary Citizenship Country::        ITALY  
Status::                              Full Capacity  
Given Name::                          CIBELE  
Middle Name::  
Family Name::                          SABIDO DAVID  
Name Suffix::  
City of Residence::                   BRESSO  
State or Province of  
Residence::  
Country of Residence::                ITALY  
Street of Mailing                    VIA L. ARIOSTO, 21  
Address::  
City of Mailing Address::            BRESSO  
State or Province of Mailing Address::  
Country of Mailing Address::        ITALY  
Postal or Zip Code of Mailing Address:: I-20091

Applicant Authority Type::            Inventor  
Primary Citizenship Country::        ITALY  
Status::                              Full Capacity  
Given Name::                          STEFANIA  
Middle Name::  
Family Name::                          VALLESE  
Name Suffix::  
City of Residence::                   BARANZATE DI BOLLATE  
State or Province of

Residence::

Country of Residence:: ITALY

Street of Mailing C/O NIKEM, VIA ZAMBELETTI, 25

Address::

City of Mailing Address:: BARANZATE DI BOLLATE

State or Province of Mailing Address::

Country of Mailing Address:: ITALY

Postal or Zip Code of Mailing Address:: I-20021

**Correspondence Information**

Correspondence Customer 00466

Number::

**Representative Information**

Representative Customer	00466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/EP2004/011104	10/5/04

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
EUROPE	03023342.3	10/15/03	Yes

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::